DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR DISEASE CONTROL AND PREVENTION NATIONAL INSTITUTE FOR OCCUPATIONAL SAFETY AND HEALTH								STATUS	FOR	RNIOSH	USE O	NLY	
INTERPRETING PHYSICIAN CERTIFICATION DOCUMENT													
NIOSH NIOSH							MEDICAL LICENSE NUMBER						
RETURN   Coal Workers' Health Surveillance Program TO   PO BOX 458							STATE LICENSED IN						
MORGANTOWN, WEST VIRGINIA 26504							STATE EIGENSED IN						
NAME (LAST-FIRST-MIDDLE)								SOCIAL SECURITY NUMBER DATE OF BIRTH					
INVIVIE (ENGI-I INGI-IVIIDDEE)								SOUNE GEOGRAPH NOMBER					
HOSPITAL OR DEPARTMENT STREET A								DDRESS					
CITY  STATE								ZIP CODE					
CITT		SIAIL			ZII OODL								
TELEPHONE	= NI IMBI	FR	During last yea	r month	nly average		Chest films in	torprotod fo	<u> </u>	Choot fil	ma inta	rorated for other	
TELEPHONE NUMBER During last year, mon number of Chest films month								chest films interpreted for other occupational respiratory disease per month					
SPECIALTY: Primary Board Certific						Certified?	Pr	imary		Yes_	No		
Secondary							Se	cond	arv	Yes_	No		
Secondary Yes No													
I am applying to be a first or "A" reader, and													
I choose to submit six ILO-U/C classified films for review													
I have taken instruction in the ILO-U/C classification system													
I attended the approved course at: on													
city date													
I am applying to be a first or "B" reader, and													
		Ιh	I have taken the "B" Reader Proficiency exam at:						on city date				
				e taken the "B" Reader Recertification exam at:									
Do you anticipate that you will use this certification to interpret radiographs for occupational lung disease for:													
☐ Individual patient care ☐ Government programs													
☐ Industry programs ☐ Other													
☐ Medical-legal activities													
Would you be interested in participating as a B Reader for the National Coal Workers' Xray Surveillance Program?													
Yes No													
I agree that my participation in the X-Ray Surveillance Program for Underground Coal Miners will be conducted in the manner specified by Part 37, Title 42 of the Code of Federal Regulations, and understand that all information related X-Ray Interpretations made in connection with this Program will be held STRICTLY CONFIDENTIAL and divulged only as specified by the above Regulation.													
DATE			PH	IYSICIA	N SIGNATU	IRE							
*Social Security Number is furnished solely for purpose of identification and reimbursement.													
It will be treated as confidential information and released only with permission of the provider.													
FOR ALOSH USE ONLY													
CERT DATE		DATE (	OF EXAM	TYPE C	OF EXAM R	sco	RE	STUDY ME	THOD B	С	D	EXAM SITE	
					n.			_ ^	ט		<i>-</i>		

CDC/NIOSH (M) 2.12(E), REV. 07/2007

Public reporting burden of this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC, Project Clearance Officer, 1600 Clifton Road, MS D-24, Atlanta, GA 30333, ATTN: PRA (0920-0020). Do not send the completed form to this address.